

SERFF Tracking Number: MMLM-126240507 State: District of Columbia  
Filing Company: Professionals Advocate Insurance Company State Tracking Number:  
Company Tracking Number: 2010-01-01-PHY-DC-FR  
TOI: 11.2 Med Mal-Claims Made Only Sub-TOI: 11.2023 Physicians & Surgeons  
Product Name: DC Form Rules Filing  
Project Name/Number: DC Physicians Form Rules Filing/2010-01-01-PHY-DC-FR

## Filing at a Glance

Company: Professionals Advocate Insurance Company

Product Name: DC Form Rules Filing

TOI: 11.2 Med Mal-Claims Made Only

Sub-TOI: 11.2023 Physicians & Surgeons

SERFF Tr Num: MMLM-126240507 State: District of Columbia

SERFF Status: Closed-APPROVED State Tr Num:

Co Tr Num: 2010-01-01-PHY-DC- FR State Status:

Filing Type: Rule

Author:

Date Submitted: 07/23/2009

Reviewer(s): Robert Nkojo

Disposition Date: 12/04/2009

Disposition Status: APPROVED

Effective Date Requested (New): 01/01/2010

Effective Date (New):

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: DC Physicians Form Rules Filing

Project Number: 2010-01-01-PHY-DC-FR

Reference Organization:

Reference Title:

Filing Status Changed: 12/04/2009

State Status Changed:

Created By: Doris Smith

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Submitted By: Doris Smith

The purpose of this filing is to re-file our Declaration Extension-Retroactive Dates to include termination dates. Also, we are filing re-filing several endorsement forms in which the only change is that we removed the signature of our Authorized Representative and replaced it with brackets which our computer will fill in with the signature of the person holding this position.

## Company and Contact

### Filing Contact Information

Doris Smith, Administrative Assistant, Legal

P O Box 8016

225 International Circle

dsmith@weinsuredocs.com

800-492-0193 [Phone] 204 [Ext]

410-785-2631 [FAX]

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Hunt Valley, MD 21030

### Filing Company Information

Professionals Advocate Insurance Company	CoCode: 29017	State of Domicile: Maryland
225 International Drive, Box 8016	Group Code: 377	Company Type: Property and Casualty
Hunt Valley, MD 21030	Group Name: Medical Mutual Group	State ID Number:
(800) 492-0193 ext. [Phone]	FEIN Number: 52-1473382	

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### Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
APPROVED	Robert Nkojo	12/04/2009	12/04/2009

**Filing Notes**

Subject	Note Type	Created By	Created On	Date Submitted
Filing MMLM-126240507	Note To Reviewer	Doris Smith	09/28/2009	09/28/2009

*SERFF Tracking Number:*      *MMLM-126240507*      *State:*      *District of Columbia*  
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*Project Name/Number:*      *DC Physicians Form Rules Filing/2010-01-01-PHY-DC-FR*

## **Disposition**

Disposition Date: 12/04/2009

Effective Date (New):

Effective Date (Renewal):

Status: APPROVED

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MMLM-126240507 State: District of Columbia

Filing Company: Professionals Advocate Insurance Company State Tracking Number:

Company Tracking Number: 2010-01-01-PHY-DC-FR

TOI: 11.2 Med Mal-Claims Made Only Sub-TOI: 11.2023 Physicians & Surgeons

Product Name: DC Form Rules Filing

Project Name/Number: DC Physicians Form Rules Filing/2010-01-01-PHY-DC-FR

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Cover Letter All Filings		Yes
Supporting Document	Consulting Authorization		Yes
Supporting Document	Actuarial Certification (P&C)		Yes
Supporting Document	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)		Yes
Supporting Document	District of Columbia and Countrywide Loss Ratio Analysis (P&C)		Yes
Supporting Document	Form Rules Filing Memorandum		Yes
Supporting Document	Rules State Exceptions		Yes
Supporting Document	Transmittal Documents		Yes
Rate	Declaration Extension-Retroactive Dates		Yes
Rate	Audit Statement		Yes
Rate	Extended Reporting Period		Yes
Rate	Extended Reporting Period-Death, Disability or Retirement		Yes
Rate	Extended Reporting Period-Partial Termination		Yes

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 Project Name/Number: DC Physicians Form Rules Filing/2010-01-01-PHY-DC-FR

## Note To Reviewer

### Created By:

Doris Smith on 09/28/2009 09:46 AM

### Last Edited By:

Doris Smith

### Submitted On:

09/28/2009 09:46 AM

### Subject:

Filing MMLM-126240507

### Comments:

Could you please check on the status of this filing, SERFF Tracking No. MMLM-126240507 submitted on July 23, 2009?

Thank you.

Doris Smith

## Rate/Rule Schedule

Schedule Item	Exhibit Name:	Rule # or Page	Rate Action	Previous State Filing Attachments
Status:		#:		Number:
	Declaration Extension-PR 25013 0110 Retroactive Dates		Replacement	PR_25013_0110 (10).pdf
	Audit Statement	PR 60053 0110	Replacement	PR_60053_0010 (10).pdf
	Extended Reporting Period	PR 60062 0110	Replacement	PR_60062_0110 (10).pdf
	Extended Reporting Period-Death, Disability or Retirement	PR 60067 0110	Replacement	PR_60067_0110 (10).pdf

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Extended Reporting    PR 60076 0110 Replacement  
Period-Partial  
Termination

PR\_60076\_0110  
(7).pdf

Insurance is provided by:

DECLARATIONS EXTENSION  
RETROACTIVE DATES

Professionals Advocate® Insurance Company  
Home Office: 225 International Circle, Box 8016  
Hunt Valley, MD 21030

Date Issued:

Effective Date:

POLICY NUMBER	POLICY PERIOD	CUSTOMER NUMBER	PRODUCER CODE
	TO *		

\*12:01 A.M. Standard time at the Named Insured’s mailing address designated in the Declarations.

This form modifies insurance provided under the following:

- All Coverage Forms

The insurance provided by this policy with respect to the interests of the insured(s) designated below is subject to the Retroactive Dates and Termination Dates specified below.

SCHEDULE:

<u>Name of Insured</u>	<u>Primary Retroactive Date</u>	<u>Excess Retroactive Date</u>	<u>Primary Termination Date</u>	<u>Excess Termination Date</u>
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Insurance is provided by:

**AUDIT STATEMENT**

**Professionals Advocate® Insurance Company**

Home Office: 225 International Circle, Box 8016

Hunt Valley, MD 21030

Date Issued:

Effective Date:

POLICY NUMBER	POLICY PERIOD	CUSTOMER NUMBER	PRODUCER CODE
	TO *		
*12:01 A.M. Standard time at the Named Insured's mailing address designated in the Declarations.			

**NAMED INSURED AND MAILING ADDRESS:**

**PRODUCER NAME AND ADDRESS:**

Premiums charged for the above-described policy were advance deposit premiums only, based on estimated exposures for the Audit Period designated above. Actual exposures developed upon audit require the following adjustment to premiums paid for coverage during the Audit Period.

**AUDIT DATE:** From To

**SCHEDULE:**

<u>Coverage/Classification</u>	<u>Code No.</u>	<u>Premium Basis</u> <u>(Actual)</u>	<u>Premiums</u> <u>Deposit</u>	<u>Premiums</u> <u>(Return)</u>
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Premium Basis Symbol Key:

* Minimum Premiums	Additional Premium For This Period
	Return Premium For This Period
	Net Amount Due Insured
	Net Amount Due Company

Insurance is provided by:

**EXTENDED REPORTING PERIOD**

**Professionals Advocate® Insurance Company**

Home Office: 225 International Circle, Box 8016

Hunt Valley, MD 21030

Date Issued:

Effective Date:

POLICY NUMBER	POLICY PERIOD	CUSTOMER NUMBER	PRODUCER CODE
	TO *		

\*12:01 A.M. Standard time at the Named Insured's mailing address designated in the Declarations.

**NAMED INSURED AND MAILING ADDRESS:**

**PRODUCER NAME AND ADDRESS:**

**COVERAGE AGREEMENT**

In return for the payment of the additional charges due, if any, and subject to the terms of the policy and this endorsement, we agree to provide an Extended Reporting Period, as described in the policy for the coverages designated below. The Extended Reporting Period begins on the Termination Date shown below and the coverage provided by this endorsement is subject to the payment of any premium installments when due. In the event you fail to pay any premium or premium installments when due, the coverage provided by this endorsement and our duty to defend and make any indemnity payments for any **claims** made or **suits** filed against you during the Extended Reporting Period will end on the due date stated on your bill, whether such **claims** or **suits** are pending at that time or are made or filed afterwards.

Coverage Form/Coverage	Retroactive Date	Termination Date	Limits of Insurance	Premium
------------------------	------------------	------------------	---------------------	---------

PREMIUM DISCOUNTS APPLIED:

**Endorsement Premium:**

PREMIUM SURCHARGES APPLIED:

**Total Endorsement Premium:**

**Payable:**

**In Advance:**

**On:**

Insurance is provided by:

**EXTENDED REPORTING PERIOD  
DEATH, DISABILITY OR RETIREMENT**

**Professionals Advocate® Insurance Company**  
Home Office: 225 International Circle, Box 8016  
Hunt Valley, MD 21030

Date Issued:

Effective Date:

POLICY NUMBER	POLICY PERIOD	CUSTOMER NUMBER	PRODUCER CODE
	TO *		
*12:01 A.M. Standard time at the Named Insured's mailing address designated in the Declarations.			

**NAMED INSURED AND MAILING ADDRESS:**

**PRODUCER NAME AND ADDRESS:**

**COVERAGE AGREEMENT**

In consideration of your death, **total and permanent disability**, or **retirement**, whichever applies, and subject to the terms and conditions of the policy and this endorsement, we agree to provide an Extended Reporting Period, as described in the policy for the coverages designated below. The Extended Reporting Period begins on the Termination Date shown below and is contingent on your continuing in the condition pursuant to which we provided you with the Extended Reporting Period at no charge. In the event of a change in such condition, you must notify us immediately of the change. When a change in such condition occurs, whether or not you notify us, you will no longer qualify for the Extended Reporting Period provided by this endorsement and our duty to defend and make any indemnity payments for any **claims** made or **suits** filed against you during the Extended Reporting Period will end, effective as of the date of the change, whether such **claims** or **suits** are pending at that time, or are made or filed afterwards. If, however, you notify us of such a change in a timely fashion, we will provide you with the opportunity to either purchase an Extended Reporting Period Endorsement or to have your policy reinstated, subject to our underwriting standards, rules, and procedures in effect at that time.

Coverage Form/Coverage	Retroactive Date	Termination Date	Limits of Insurance	Premium
------------------------	------------------	------------------	---------------------	---------

Insurance is provided by:

**EXTENDED REPORTING PERIOD  
PARTIAL TERMINATION**

**Professionals Advocate® Insurance Company**

Home Office: 225 International Circle, Box 8016  
Hunt Valley, MD 21030

Date Issued:

Effective Date:

POLICY NUMBER	POLICY PERIOD	CUSTOMER NUMBER	PRODUCER CODE
	TO *		

\*12:01 A.M. Standard time at the Named Insured's mailing address designated in the Declarations.

**NAMED INSURED AND MAILING ADDRESS:**

**PRODUCER NAME AND ADDRESS:**

**COVERAGE AGREEMENT**

In return for the payment of the charges due, if any, and subject to the terms of the policy and this endorsement, we agree to provide this limited Extended Reporting Period under the terms and conditions described in the policy only for the Terminated Coverage described below. This Extended Reporting Period applies to **incidents** occurring on or after the Coverage Retroactive Date and on or before the Coverage Termination Date. The Extended Reporting Period begins on the Coverage Termination Date shown below and is subject to the payment of any premium due. In the event you fail to pay any premium when due, the coverage provided by this endorsement and our duty to defend and make any indemnity payments for any **claims** made or **incidents** reported during the Extended Reporting Period will end on the due date stated on your bill, whether such **claims** or **incidents** are pending at that time or are made or reported afterwards.

This form modifies insurance provided under \_\_\_\_\_  
Coverage Form.

Extended Reporting Period Insured(s):

Coverage Retroactive Date:

Coverage Termination Date:

Terminated Coverage:

Extended Reporting Period Limits of Insurance applying to the Terminated Coverage described above:

_____	Each Incident
_____	Annual Aggregate
_____	Period Aggregate

**Total Endorsement Premium:**

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Cover Letter All Filings		
<b>Bypass Reason:</b> This is a Form Rules Filing.		
<b>Comments:</b>		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Consulting Authorization		
<b>Bypass Reason:</b> This is a Form Rules Filing.		
<b>Comments:</b>		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Actuarial Certification (P&C)		
<b>Bypass Reason:</b> This is a Form Rules Filing.		
<b>Comments:</b>		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> District of Columbia and Countrywide Experience for the Last 5 Years (P&C)		
<b>Bypass Reason:</b> This is a Form Rules Filing.		
<b>Comments:</b>		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> District of Columbia and Countrywide Loss Ratio Analysis (P&C)		
<b>Bypass Reason:</b> This is a Form Rules Filing.		

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**Comments:**

**Item Status:**

**Status  
Date:**

**Satisfied - Item:** Form Rules Filing Memorandum

**Comments:**

Please see the attached Rules Filing Memorandum.

**Attachment:**

Rules Filing Memo-PHY-DC (2).pdf

**Item Status:**

**Status  
Date:**

**Satisfied - Item:** Rules State Exceptions

**Comments:**

Please see the attached Rules State Exception document.

**Attachment:**

Rules State Exceptions-DC-PHY - 2010-01-01 (2).pdf

**Item Status:**

**Status  
Date:**

**Satisfied - Item:** Transmittal Documents

**Comments:**

Please see the attached transmittal documents.

**Attachment:**

Rules Transmittal Documents-PHY-DC (2).pdf

**Professionals Advocate Insurance Company  
District of Columbia Physician Professional Liability Program  
Form Rules Filing Memorandum**

We have updated the Rules Applicable to Delaware Approved Forms and Endorsements section of the Rules State Exceptions to reflect the filing of the following forms:

Form PR 25013 0110, Declarations Extension – Retroactive Dates

Form 60053 0110, Audit Statement

Form PR 60062 0110, Extended Reporting Period

Form PR 60067 0110, Extended Reporting Period – Death, Disability or Retirement

Form PR 60076 0110, Extended Reporting Period – Partial Termination

No other changes have been made.

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**Professionals Advocate Insurance Company**  
**District of Columbia Medical Professional Liability Program**  
**Rules State Exceptions**  
**Edition January 1, 2010**

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## **Medical Professional Liability Program**

### **Rules State Exceptions – District of Columbia**

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This Section of the manual contains State Exceptions to the rules and rates otherwise applying to the Medical Professional Liability Program.

### **General Rules Exceptions**

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#### **Cancellation and Nonrenewal**

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Any notice of cancellation or nonrenewal will state the Effective Date of the cancellation or nonrenewal and will include the reason(s) for such cancellation or nonrenewal. Any notice of cancellation or nonrenewal will be mailed to the first Named Insured at least thirty (30) days prior to the date of cancellation or nonrenewal. At least 5 days before sending the notice of cancellation or nonrenewal to the insured, the company shall notify the agent or broker who wrote the policy being canceled or nonrenewed. In the event of policy cancellation, the company shall also furnish a copy of the notice to the Superintendent of Insurance, unless the policy is being canceled for nonpayment of premium.

A policy may only be canceled for the following reasons:

- The insured has refused or failed to pay a premium due under the terms of the policy;
- The insured has made a material and willful misstatement or omission of fact to the company, its employees, agents or brokers in connection with any application to or claim against the company; or
- The property or other interest of the insured shall have been transferred to a person other than the insured or beneficiary, unless the transfer is permissible under the terms of the policy, or unless the property, interest or use thereof shall have materially changed with respect to its insurability.

These cancellation and nonrenewal requirements do not apply to any policy which has been in force for 30 days or less, provided that such policy is not a renewal policy.

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## Certification of Exempt Commercial Risks

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D.C. Law 13-265 Section 13(c)(2) provides that the Company at the time of entering into the policy agreement and annually thereafter obtain a written certification from the policyholder for any policy issued as an “exempt commercial risk.”

For the purposes of this Act, the term “exempt commercial risk” means a person or entity that meets at least 2 of the following criteria:

- (1) Retains or employs a certified or qualified risk manager to negotiate insurance coverage;
- (2) Possesses a net worth exceeding \$2 million;
- (3) Generates annual revenues exceeding \$2 million;
- (4) Has at least 10 employees;
- (5) Pays annual aggregate countrywide standard insurance premiums in excess of \$10,000;
- (6) Has total insured property value of at least \$2 million; or
- (7) Is a nonprofit organization or public body generating annual budgeted expenditures of at least \$5 million.

If an insured is certified as an exempt commercial risk, we are not required to file with or to receive approval from, the Commissioner for rates and policy forms used in insuring this risk.

Every application form for insurance for an exempt commercial risk, and every policy, on its front and declarations page issued to an exempt commercial risk shall contain in 10-point type the following notice:

### NOTICE

**This policy is issued to an exempt commercial risk. The rate and policy form are not subject to the filing, review and approval requirements of the Commissioner of the District of Columbia Department of Insurance and Securities Regulation.**

At the time of entering into the policy agreement and annually on the policy renewal thereafter, the company shall obtain a signed copy of the Notice – Certification of Exempt Commercial Risk – District of Columbia form. This form shall be filed with, and retained by the Company.

Annually, on or before the 1<sup>st</sup> day of March, the Company shall execute and file with the Commissioner an affidavit covering the exempt commercial risk policies for the preceding year ending December 31 setting forth:

- The description and location of the insured property or risk
- The name of the insured, and whether the organization is for profit or nonprofit; and
- The amount insured under the policy.

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## Professional Liability Rules Exceptions

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### Coverage Options

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#### *Extended Reporting Period Option*

For Named Insureds who are individuals or for individuals who are listed on the Health Care Provider Group Professional Liability Individual Limits of Insurance – Expanded ERP Option of the Health Care Provider Group Professional Liability Coverage Form, an Extended Reporting Period will be provided at no charge upon coverage termination, if, during the coverage period, the insured dies, suffers total and permanent disability, or enters qualified retirement (retirement must immediately follow one (1) full year of coverage provided by the Company).

#### *Deductible Liability Insurance*

Deductible Liability premium credits are not available.

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## **Business Liability Rules Exceptions**

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### **Coverage Options**

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#### ***Extended Reporting Period Option***

If the Named Insured is an Individual, an Extended Reporting Period will be provided on coverage termination at no charge, if, during the policy period, the insured dies, suffers total and permanent disability, or enters qualified retirement (retirement must immediately follow one (1) full year of coverage provided by the Company).

#### ***Deductible Liability Insurance***

Deductible Liability premium credits are not available.

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## **Excess Liability Rules Exceptions**

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### **Coverage Options**

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#### ***Extended Reporting Period Option***

For Named Insureds who are Individuals or for individuals who are listed the Health Care Provider Group Professional Liability Individual Limits of Insurance – Expanded ERP Option of the Health Care Provider Group Professional Liability Coverage Form, an Extended Reporting Period will be provided at no charge upon coverage termination, if, during the coverage period, the insured dies, suffers total and permanent disability, or enters qualified retirement (retirement must immediately follow one (1) full year of coverage provided by the Company).

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## **Rules Applicable to District of Columbia Approved Forms and Endorsements**

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Form PR 25000 0102, Declarations Extension – Additional Insureds. Issued to schedule certain persons or organizations who otherwise would not be covered under basic coverage forms. Refer to Manual for additional premium, if any.

Form PR 25003 0102, Declarations Extension – Insured Employees. Issued to schedule employees who otherwise would not be covered under basic coverage forms. These professionals share a limit with the Named Insured. Refer to Manual for additional premium charge, if any.

Form PR 25004 0604, Declarations Extension – Insured Locations. Issued for certain group policies for which a condition precedent to providing coverage is that only “incidents” at a particular location or locations are covered.

Form PR 25011 0102, Declarations Extension – Premium Endorsement Summary. Issued when particular endorsements require a separate premium charge.

Form PR 25012 0102, Declarations Extension – Rating Information – Auditable Policies. Issued when the policy is rated on a per exposure basis.

Form PR 25013 0110, Declarations Extension – Retroactive Dates. Issued when different insureds have different Retroactive Dates and/or different coverage forms or coverages provide different Retroactive Dates.

Form PR 31000 1204, Policy Introduction (Claims-Made). Mandatory form when an Individual Professional Liability Coverage Form (Claims-Made), an Organization Professional Liability Coverage Form (Claims-Made), or a Health Care Provider Group Professional Liability Coverage Form (Claims-Made) is issued. Issued in conjunction with the General Conditions.

Form PR 31100 0703, General Conditions. Mandatory form when an Individual Professional Liability Coverage Form, an Organization Professional Liability Coverage Form or a Health Care Provider Group Professional Liability Coverage Form is issued. Issued in conjunction with the Policy Introduction.

Form PR 31200 0102, Individual Professional Liability Coverage Form (Claims-Made). Issued to individual insureds for claims-made professional liability coverage. Requires payment of appropriate premium for such coverage.

Form PR 31201 0102, Organization Professional Liability Coverage Form (Claims-Made). Issued to organizations, such as professional associations or corporations, for claims-made professional liability coverage when a separate policy is permitted pursuant to the Company’s underwriting rules. Requires payment of appropriate premium for such coverage.

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Form PR 31202 0102, Health Care Provider Group Professional Liability Coverage Form (Claims-Made). Issued to groups, when permitted by the Company's underwriting rules, to provide claims-made professional liability coverage for the organization, its employees, contracted professionals and affiliated physicians. Requires payment of appropriate premium for such coverage.

Form PR 31203 0102, Excess Liability Coverage Form (Claims-Made). Issued in conjunction with the Individual Professional Liability Coverage Form (Claims-Made), the Organization Professional Liability Coverage Form (Claims-Made) or the Health Care Provider Group Professional Liability Coverage Form (Claims-Made) to provide claims-made excess liability coverage. Requires payment of appropriate premium for such coverage. Under no circumstances is this coverage form issued unless an Individual Professional Liability Coverage Form, an Organization Professional Liability Coverage Form or a Health Care Provider Group Professional Liability Coverage Form is also issued.

Form PR 31204 0102, Business Liability Coverage Form (Claims-Made). Issued to individuals or organizations for claims-made business liability coverage. Requires payment of appropriate premium for such coverage. Under no circumstances is this coverage form issued unless either an Individual Professional Liability Coverage Form (Claims-Made), an Organization Professional Liability Coverage Form (Claims-Made), or a Health Care Provider Group Professional Liability Coverage Form (Claims-Made) is also issued.

Forms PR 40006 0102 through PR 40034 0102, Exclusions. These endorsements are attached when, based on information provided by the applicant, the risk would be ineligible for coverage at the quoted premium without the exclusion.

Form PR 40036 0102, Limitation – Locations of Practice. Issued in conjunction with a policy where the insured is practicing in a geographical area for which the Company does not provide coverage at the quoted premium.

Form PR 40042 0102, Limitation – Part-Time Practice. Issued in conjunction with a policy for which a part-time premium discount has been provided.

Form PR 50016 0102, Changes in Policy General Conditions – District of Columbia. Mandatory form issued in conjunction with the General Conditions.

Form PR 50017 0102, Changes in Policy Provisions – District of Columbia. Mandatory form issued in conjunction with the Individual Professional Liability Coverage Forms, the Organization Professional Liability Coverage Forms, the Health Care Provider Group Professional Liability Coverage Forms and the Excess Liability Coverage Forms.

Form PR 50026 0804, Nonrenewal for Failure to Pay Deductible. Issued on policies that previously had a deductible but no longer do. The purpose of this form is to alert policyholders that payment of prior deductibles is a condition of continuing coverage.

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Form PR 50034 0109, Policy Amendments – Claims Made Policy. Mandatory form issued in conjunction with the Individual Professional Liability Coverage Form, Organization Professional Liability Coverage Form, and Health Care Provider Group Professional Liability Coverage Form

Form PR 60000 0102, Endorsement. Issued when a particular coverage situation is not addressed by any of the other forms and requires the use of manuscript wording to make the detail of the coverage clear and unambiguous.

Form PR 60012 0102, Consent To Settle – Health Care Provider Group. May be issued in conjunction with the Health Care Provider Group Professional Liability Coverage Form at the request of the Named Insured. Extends to each physician insured under the Health Care Provider Group Professional Liability Individual Limits of Insurance – Expanded ERP Option Endorsement the right to consent to any settlement of covered claims against the physician.

Forms PR 60028 0102 through PR 60037 0102, Additional Insured Endorsements. Issued at insured's request.

Form PR 60038 0804, Deductible Liability Insurance (Aggregate Basis). Issued in conjunction with Individual Professional Liability Coverage Form, the Organization Professional Liability Coverage Form, the Health Care Provider Group Professional Liability Coverage Form, and the Business Liability Coverage Form to provide an aggregate deductible as described in the endorsement.

Form PR 60039 0804, Deductible Liability Insurance (Per Incident Basis). Issued in conjunction with the Individual Professional Liability Coverage Form, the Organization Professional Liability Coverage Form, the Health Care Provider Group Professional Liability Coverage Form and the Business Liability Coverage Form to provide a per incident deductible as described in the endorsement.

Form PR 60049 0102, Sole Agent – Premiums & Dividends. Issued when a single individual or organization is designated to act on behalf of a Named Insured with respect to all premium transactions.

Form PR 60050 0102, Supplemental Limits of Insurance Endorsement. Issued to extend excess limits of District of Columbia physicians who have privileges at Virginia hospitals that required those physicians to carry limits equal to Virginia's medical malpractice damages cap. The excess limits apply only to those claims subject to the cap.

Form PR 60051 0102, Suspension of Coverage. Issued when coverage is suspended in accordance with the Company's underwriting rules. Requires payment of appropriate premium.

Form PR 60053 0110, Audit Statement. This endorsement is issued and attached to a policy when the Company elects to conduct an audit pursuant to the terms of Declarations Extension – Rating Information – Auditable Policies, and such an audit results in a premium adjustment.



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Form PR 60062 0110, Extended Reporting Period. Issued upon cancellation of a professional liability insurance policy provided the insured complies with the Company's underwriting rules related to Extended Reporting Periods. Requires payment of appropriate premium.

Form PR 60067 0110, Extended Reporting Period – Death, Disability or Retirement. Issued upon cancellation of an Individual Professional Liability Coverage Form (Claims-Made) or termination of coverage for an insured scheduled on a Health Care Provider Group Professional Liability Individual Limits of Insurance – Expanded ERP Option Endorsement to the Health Care Provider Group Professional Liability Coverage Form. This Extended Reporting Period is issued at no additional charge provided the individual insured meets the Company's underwriting rules related to death, total and permanent disability or qualified retirement.

Form PR 60070 0102, Extended Reporting Period – Waiver of Premium. Issued with certain group policies which are rated at a mature claims-made rate from the Effective Date of the first policy period. Refer to the Manual pages for specific rules and rates applicable to this endorsement.

Form PR 60071 0102, Changes in Policy Provisions – Solo Practitioners. Issued to extend coverage to a professional corporation or association when the Individual Professional Liability Coverage Form is issued to an insured who is the sole member or stockholder of such professional corporation or association and who has no professional employees eligible for separate Individual Professional Liability Coverage.

Form PR 60076 0110, Extended Reporting Period – Partial Termination. Issued when the Named Insured chooses to purchase an Extended Reporting Period when a portion of the coverage is being terminated, but the coverage form itself is not being canceled or nonrenewed.

Form PR 60079 0804, Deductible – Liability Insurance – Group Policy (Aggregate Basis). Issued as part of a group policy to apply separate aggregate deductibles to the Named Insured organization as well as other additional insureds scheduled on the endorsement.

Form PR 60080 0804, Deductible – Liability Insurance – Group Policy (Per Incident Basis). Issued as part of a group policy to apply separate per incident deductibles to the Named Insured organization as well as other additional insureds scheduled on the endorsement.

Form PR 65005 0803, Organization Professional Liability – Modified Separate Limits of Insurance with ERP Option. Issued in conjunction with the Organization Professional Liability Coverage Form (Claims-Made). Performs the same function as Form PR 65008, except that coverage for insureds scheduled onto this endorsement is not limited to scope of duties on behalf of the Named Insured. Since there may be multiple groups of employees on a policy (such as CRNA's, Physician Assistants, etc.), with each group having a separate limit to be shared among the members of that group, a suffix of -1, -2, etc., will be added to the form number (in numerical order) as each such endorsement is issued as part of the policy. It also includes the ERP Option.

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Form PR 65008 0803, Organization Professional Liability – Separate Limits of Insurance with ERP Option. Issued in conjunction with the Organization Professional Liability Coverage Form (Claims-Made). Rated based upon providing a limit of insurance separate from the organization which is shared by all health care professionals listed on the endorsement. Since there may be multiple groups of employees on a policy (such as CRNA's, Physician Assistants, Lab Technicians, etc.), with each group having a separate limit to be shared among the members of that group, a suffix of -1, -2, etc., will be added to the form number (in numerical order) as each such endorsement is issued as part of the policy. It also includes the ERP Option.

Form PR 65011 0103, Health Care Provider Group Professional Liability – Individual Limits of Insurance with ERP Option. Issued in conjunction with the Health Care Provider Group Professional Liability Coverage Form (Claims-Made). Rated based upon providing separate individual limits of insurance and a right to purchase an Extended Reporting Period for each health care professional or member of a class of insureds listed on the endorsement.

Form PR 65014 0103, Health Care Provider Group Professional Liability – Modified Separate Limits of Insurance with ERP Option. Issued in conjunction with the Health Care Provider Group Professional Liability Coverage Form (Claims-Made). Performs the same function as Form PR 65017, except that coverage for insureds scheduled onto this endorsement is not limited to scope of duties on behalf of the Named Insured. Since there may be multiple groups of employees on a policy (such as CRNA's, Physician Assistants, etc.), with each group having a separate limit to be shared among the members of that group, a suffix of -1, -2, etc., will be added to the form number (in numerical order) as each such endorsement is issued as part of the policy. It also includes and ERP option.

Form PR 65017 0103, Health Care Provider Group Professional Liability – Separate Limits of Insurance with ERP Option. Issued in conjunction with the Health Care Provider Group Professional Liability Coverage Form (Claims-Made). Rated based upon providing a limit of insurance separate from the organization which is shared by all health care professionals listed on the endorsement. Since there may be multiple groups of employees on a policy (such a CRNA's, Physician Assistants, Lab Technicians, etc.) with each group having a separate limit to be shared among the members of that group, a suffix of -1, -2, etc., will be added to the form number (in numerical order) as each such endorsement is issued as part of the policy.

Form PR 65018 0102, Health Care Provider Group Professional Liability – Slot Program – Limits of Insurance. Issued in conjunction with the Health Care Provider Group Professional Liability Coverage Form (Claims-Made). Rated based upon providing separate individual limits for certain health care professionals occupying certain slots.

Form PR 65020 0102, Health Care Provider Group Professional Liability – Individual Limits of Insurance – Expanded ERP Option (1-Year). Issued in conjunction with the Health Care Provider Group Professional Liability Coverage Form (Claims-Made). Rated based upon providing to each scheduled individual separate individual limits of insurance, a right to purchase an Extended Reporting Period and the right to an Extended Reporting Period at no charge upon death, qualified disability or qualified retirement. This form may not be used for per visit rated accounts.

## Property & Casualty Transmittal Document—

This page applies to the following state(s): District of Columbia

<b>Reserved for Insurance Dept. Use Only</b>	<b>Insurance Department Use only</b>
	Date the filing is received:
	Date of disposition of the filing:
	Effective date of filing:
	Filing Fee Check #:
	Filing Fee Amount:

Company Name(s)	Domicile	NAIC #	FEIN #
Professionals Advocate Insurance Company	MD	29017	52-1473382

<b>Company Tracking Number</b>	2010-01-01-PHY-DC-FR
<b>SERFF Tracking Number</b>	

### Contact Info of Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Doris Smith Professionals Advocate Insurance Company 225 International Circle, Box 8016 Hunt Valley, MD 21030	410-785-0050, x204	410-785-2631	DSmith@WeInsureDocs.com

### Filing Information

<b>Annual Statement Line(s) of Business</b>	11
<b>Line of Insurance</b> <i>(Short description of filing)</i>	Medical Malpractice
<b>Company Program Title</b> <i>(Marketing Title, if applicable)</i>	Medical Professional Liability Program
<b>Filing Type</b>	Rules
<b>Effective Date Requested</b>	01/01/2010
<b>Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Reference Organization</b> <i>(if applicable)</i>	
<b>Reference Organization Number &amp; Title</b> <i>(if applicable)</i>	
<b>Date of Filing</b>	
<b>Date filing approved in domicile</b>	

## Property & Casualty Transmittal Document—

This page applies to the following state(s): District of Columbia

This filing transmittal is part of 2010-01-01-PHY-DC-FR  
(Company tracking number)

**Filing Description:**

[This is intended to replace the cover letter and  
should be similar to the body of a cover letter. It is free-form text]

The purpose of this filing is to re-file our Declaration Extension – Retroactive Dates to include termination dates. Also we are filing re-filing several endorsement forms in which the only change is that we removed the signature of our Authorized Representative and replaced it with brackets which our compute will fill in with the signature of the person holding this position.

To be complete, a filing must include a completed Transmittal Document and an extra copy for return to the company.

## FORM FILING TRANSMITTAL

This page applies to the following state(s): District of Columbia

This filing transmittal is part of 2010-01-01-PHY-DC-FR  
(Company tracking number)

This filing corresponds to rate/rule filing number 2010-01-01-PHY-DC-F  
(Company tracking number of rate/rule filing, if applicable)

**To be complete, a form filing must include the following:**

1. A completed Form Filing Transmittal Document (Do not refer to the body of the filing for the forms listing.)
2. One copy of each form to be reviewed for the reviewer's records.
3. One copy of any other components submitted with the filing.
4. The appropriate state Review Requirements, if required.
5. The appropriate filing fees.
6. A postage-paid, self-addressed envelope **large enough to accommodate the return.**

	Component/Form Name /Description/Synopsis	Form # Include Edition Date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state Filing Number, if required by state
1.	Declaration Extension – Retroactive Dates	PR 25013 0110	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	PR 25013 1103	
2.	Audit Statement	PR 60053 0110	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	PR 60053 0102	
3.	Extended Reporting Period	PR 60062 0110	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	PR 60062 0102	
4.	Extended Reporting Period – Death, Disability or Retirement	PR 60067 0110	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	PR 60067 0304	
5.	Extended Reporting Period – Partial Termination	PR 6076 0110	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	PR 60076 0102	